

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

Express Mail Label No.

U.S. PTO  
10/750494  
010204

INVENTOR(S)					
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)			
William T. II Michael R. Ronald M. Steven C.	Hayes Schaefer Demske Bair	De Pere, Wisconsin Oshkosh, Wisconsin Greenleaf, Wisconsin Winter Garden, FL			
<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto					
TITLE OF THE INVENTION (500 characters max)					
Simplifiles - System for filing and organizing medical records.					
Direct all correspondence to: CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number		<input type="text"/>		Place Customer Number Bar Code Label here	
OR		Type Customer Number here			
<input type="checkbox"/> Firm or Individual Name	William T. Hayes II				
Address	c/o HC Miller Company				
Address	3030 Lowell Drive				
City	Green Bay	State	WI	ZIP	54311
Country	US	Telephone	920-465-3030	Fax	920-465-3035
ENCLOSED APPLICATION PARTS					
<input type="checkbox"/> Specification	Number of Pages	<input type="text"/>	<input type="checkbox"/> CD(s), Number	<input type="text"/>	
<input checked="" type="checkbox"/> Drawing(s)	Number of Sheets	2	<input checked="" type="checkbox"/> Other (specify)	Description	
<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				FILING FEE AMOUNT (\$)	
<input checked="" type="checkbox"/> A check or money order is enclosed to cover the filing fees				80.00	
<input type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: <input type="text"/>					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____					

Respectfully submitted,

SIGNATURE

Ronald M. Demske

Date

4-22-03

REGISTRATION NO.  
(if appropriate)  
Docket Number:

TYPED or PRINTED NAME

Ronald M. Demske

TELEPHONE

(920) 465-3030

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C. 20231.